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MEDICAL AID IN THE U. S. S. R. ARMY

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"MODERN warfare affects considerably our entire military medical service and especially our military surgery." This was the statement made by the Russian Professor Burdenko, the well-known surgeon and a member of the Academy of Science of the U. S. S. R. His statement is similar to those made in France and England, to the effect that there is no front line, such as existed in the first World War. The flexibility of the so-called front line of today must be met by flexibility on the part of the medical units in meeting any emergency.

In an article released for the press, Professor Burdenko relates that experience has proven the practical advantages of evacuating disabled soldiers into safer and distant areas, where the casualties can receive the treatment best suited for their needs in well equipped hospitals. For that reason the ambulance service is trained in the skill of expedient and speedy removal of wounded from the danger zone. The ambulances are specially constructed so as to afford maximum comfort in transportation in order to avoid any secondary shocks, etc. First aid in the battlefield is limited to proper dressing, preliminary surgical treatments and the application of preventive serum. In order to prevent infection of wounds, the affected tissue is excised within six to eighteen hours from the time the wound was inflicted. Burdenko reports that among 10,000 cases of wounded soldiers examined in medical institutions, he found only two cases of tetanus and a very few cases of gas gangrene. The efficiency of the medical service accounts for the fact that cases of complications are indeed very few in comparison with those of the last war.

In the recent report of Brigadier Kupriyanov, surgeon-in-chief at the front, we find that gas gangrene cases do not exceed 3 per cent, whereas formerly the mortality from this complication reached 75 per cent. In ten weeks of war, only six cases of tetanus were registered among the wounded. The care of infection is facilitated by the intelligence of the soldier, who has a good understanding of personal hygiene which also explains why instances of lice-infested clothing are rare. I am reminded that in the Russian Civil War following the first World War, practically all the military hospitals of Kharkov, the former capital

of Ukraine, numbering over sixteen with a capacity of more than 5,000 beds, were filled with men afflicted mostly with lice-borne diseases, such as typhus and relapsing fevers. Illiteracy of the soldiers, poverty, filth, insufficient food, lack of vitamins and other unhygienic conditions, were factors that brought about prevailing epidemics. The casualty clearing center, located at the main railroad station in Kharkov, was filled with prostrated patients, many of whom died before reaching the hospital. It was compulsory to destroy all the uniforms infested with lice and the clothing actually burned explosively like firecrackers. The soldiers of the U. S. S. R. army of today receive well regulated diet. There is no more illiteracy. Personal hygiene, good clothing, footwear and moral status—all are factors that today augment the soldier's resistance to strain of war and possible infection.

Medical research in the U. S. S. R. at the present time is mostly limited to problems affecting the health and the fighting efficiency of the men at the front. Attention is also directed toward finding new safeguards against infection and new methods of rapid healing of the wounds. All the methods which have proven beneficial under laboratory conditions, have been introduced into routine practice. These include not only the treatment of wounds, but of emergency cases such as nervous and traumatic shocks, cardiac disturbances due to electric shock and the combat of fatigue due to sleepless nights.

Recently an institute of surgeon consultants has been introduced in the Red Army. These consultants are classified as the front, army and main unit surgeons. Members are selected from those highly skilled in surgery, mostly among professors of the medical schools. The aim of the institute is to supervise and to improve the work of the regular military surgeons. Most of the casualties occur as a result of air-bombing, hand grenades and trench mortar fire. The percentage of bullet wounds is comparatively small.

Burdenko originated the idea of having a well equipped surgical unit for the special treatment of brain wounds as near the battle zone as possible, because it was known that distance very often determined life or death in brain injuries.

In order to keep pace with the change of strategy from positional warfare to a war of maneuvers, the practice of establishing large hospitals at the front has been abandoned in favor of a system of mobile medical units.

Warfare of today as fought by master strategists and tacticians, guerilla warfare, pincer tactics, etc., challenge the medical authorities to search for new approaches to the problem of meeting emergencies. No doubt the difficulties could be lessened by introducing sound knowledge of first aid in army training, so that the average soldier should have at least an elementary understanding of nursing. He would thus be able to render help to his comrades in such emergencies as bleeding, electric shock, care of fractures or other contingencies.

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